

									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000								09/752330						
CLAIMS AS FILED - PART I								SMALL ENTITY				OTHER THAN		
			(Column	1)	(Column 2)			TYPE			OR	SMALL ENTITY		
TOTAL CLAIMS			36					RATE FEE		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			36 minus 20=		• 16			X\$ 9=			OR	X\$18=	288	
INDEPENDENT CLAIMS			3 minus 3.=		0			X40=			OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT			+135			=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTA	۱L		OR	TOTAL	998	
CLAIMS AS AMENDED - PART II									,			OTHER		
		(Column 1)	(Column 2)			(Column 3)		SMA		ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	Ì	X40:			OR	X80=		
	FIRST PRESE	ULTIPLE DEI	TIPLE DEPENDENT CLAIM			ł		\neg		Uh				
							Į	+135			OR	+270=		
									EE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										1			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	ı	X40=	_		OR	X80=		
	FIRST PRESE	LTIPLE DEPENDENT CLAIM						┪						
								+135			OR	+270=		
								ADDIT. F			OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colur		(Column 3)	_							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	=	١	X\$ 9=	<u> </u>		OR	X\$18=		
	Ind pendent	*	Minus	***		=	ľ	X40=				X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\dashv		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
	The "Highest Num	nber Previously Pai	id For" (Total o	r Independ	ent) is the	highest number	r fou	nd in the	арр	ropriate box	in col	umn 1.		

FORM **PTO-875**